

D.I. # \_\_\_\_\_

**CIVIL ACTION****NUMBER:** 08-247 SLRU.S. POSTAL SERVICE  
CERTIFIED MAIL RECEIPT(S)

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature  <input checked="" type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>LOREN MEYERS  DEPUTY ATTORNEY GENERAL  DEPARTMENT OF JUSTICE  820 N. FRENCH STREET  WILMINGTON, DE 19801</p>		<p>B. Received by (Printed Name)  Kelli V. Smith</p> <p>C. Date of Delivery</p>	
<p>2. Article Number  (Transfer from service label)</p> <p>7007 3020 0002 3321 4363</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  If YES, enter delivery address below: <input type="checkbox"/> No</p>	
		<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.G.D.</p>	
		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540